

C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

September 19, 2007

Renae Edwards, Administrator Indianhead Estates 590 West Indianhead Road Weiser, ID 83672

License #: RC-382

Dear Ms. Edwards:

On August 23, 2007, a Fire Life Safety Survey was conducted at Indianhead Estates. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Chris Laumann, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

CHRIS LAUMANN

Team Leader

Health Facility Surveyor

Facility Fire Safety & Construction Program

CL/lj

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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August 27, 2007

Renae Edwards, Administrator Indianhead Estates 590 West Indianhead Road Weiser, ID 83672

Dear Ms. Edwards:

On August 23, 2007, a Fire Life Safety Survey was conducted at Indianhead Estates. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 22, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

MG/li

Enclosure

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 01 - ENTIRE BUILDING A. BUILDING B. WING _ 13R382 08/23/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 590 W INDIANHEAD RD **INDIANHEAD ESTATES** WEISER, ID 83672 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 000 Initial Comments R 000 The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on August 23, 2007. The surveyor conducting the survey was: Chris Laumann Health Facility Surveyor Facility Fire Safety & Construction

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Facility Standards

STATE FORM 6899 FFZZ21 If continuation sheet 1 of 1

TITLE

(X6) DATE



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 ASSISTED LIVING Non-Core Issues Punch List

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Facility Name	Physical Address	Phone Number	~~	
Indianhead Estates Administrator	590 W. Indianhead Road	(208)54 ZHP Code	<u>9-345</u>	5
	City			
Renae Edulards Survey Team Leader	Survey Type	8367	3	
Survey Team Leader	Survey Type	Survey Date		
Chris Laumann	Fire Life Safety	8/23/0	7	
NON-CORE ISSUES				
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Response Required Date Signature of Facility Representative			Date Signed	
9/23/07 Kellac Edwards			8-93-C	57